

## Employee Authorization for Payroll Deduction to Health Savings Account

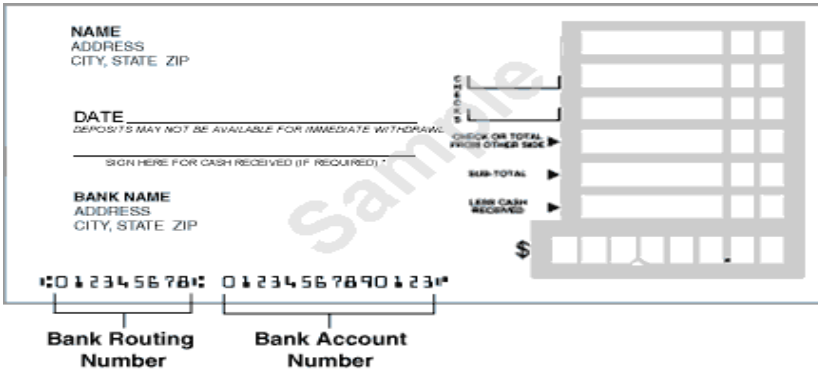
This form is for employees who want to have money withheld from their paychecks by their employer and deposited into their health savings account (H.S.A) on a pre-tax basis.

I wish to: <input type="checkbox"/> Begin a new deduction <input type="checkbox"/> Change my deduction <input type="checkbox"/> Stop my deduction	Effective Date:
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<b>Section 1: Employee Information</b>			
Name:		Employee Number:	
Mailing Address:	(Last, First, Middle Initial)	Work Phone Number:	
City/State/Zip		Department:	

<b>Section 2: Deposit Information</b>				Check Applicable Box
Financial Institution:	Branch:			Checking <input type="checkbox"/>
City:	State:	Zip:	Phone #:	Savings <input type="checkbox"/>
Bank Transmit/ABA #:	Account			

**PLEASE NOTE:** Please verify the type of account (H.S.A.), bank transmit #, and account # with your bank before submitting this form. A blank/voided deposit slip for the account must be attached and all information must be completed in full before your request can be processed.



Attach a voided deposit slip:

**COUNTY USE ONLY:**

Bank Code: \_\_\_\_\_

Date verified with bank: \_\_\_\_\_

Bank Employee Name: \_\_\_\_\_

Initial Setup Payroll

Change to "A" Payroll

**Section 3: Per-Paycheck Contribution to Your H.S.A. (Use worksheet on backside to calculate)**

I elect to contribute \$ \_\_\_\_\_ per paycheck to my health savings account (H.S.A.). This request replaces any previous payroll deduction requests for my H.S.A.

I elect to have a one-time cash conversion of my sick leave "cash balance" account in the amount of \$ \_\_\_\_\_ be transferred to my H.S.A. for 2017.

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my H.S.A. per IRS rules and I may be liable for tax penalties if I exceed this amount. I also understand and attest that my participation in an H.S.A. meets the requirements set forth by the IRS and County policy.

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Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Calculate Your Per-Paycheck Contribution to Your H.S.A.

Select one

Family H.S.A.

Individual H.S.A.

IRS maximum contribution allowed for 2017 (employer + employee)	\$6,750.00	\$3,400.00
Your employer's annual contribution for 2017	\$1,500.00	\$750.00
<b>Your eligible annual contribution for 2017*</b>	<b>\$5,250.00</b>	<b>\$2,650.00</b>
Your elected conversion from your "sick leave cash balance account. For single plans, this amount may not exceed \$1000 and for family no more than \$1750 if under age 55*		
<b>Allowable amount remaining:</b>		
Your elected annual contribution for 2017 – the combination of the one-time conversion and bi-weekly payroll deductions may not exceed the following: \$3,500 family or \$1,650 single annually		
<b>Allowable amount remaining:</b>		
Divide your annual contribution by the number of pay periods left in the year = Your per-paycheck contribution		

\*If you are age 55 or older, you can make an additional "catch-up" annual contribution of \$1,000. For example, if you are age 55 or older, the individual annual maximum contribution would be \$3,650, which is remaining after the employer contribution. You can convert the addition \$1,000 from your sick bank only if you are making the maximum contribution allowed for 2017. This would bring your sick bank conversion amounts to \$2000 single and \$2750 family.

\*\* Number of pay periods will change based on employee's hire date

\*\*\* Please speak with the Payroll & Benefits Coordinator for info on actual eligible amounts.

**For example, an employee has a family plan, they determine the following:**

IRS maximum contribution allowed for 2017 (employer + employee)	\$6,750
Your employer's annual contribution for 2017	\$1,500
Your eligible annual contribution for 2017*	\$5,250
Your elected conversion from your "sick leave cash balance account. For single plans, this amount may not exceed \$1000 for single and for family no more than \$1750	\$1,750
<b>Amount remaining towards maximum contribution</b>	<b>\$3,500</b>
Your elected annual contribution for 2017 – the combination of the one-time conversion and bi-weekly payroll deductions may not exceed the following:	\$3,500
	\$3,500
Divide your annual contribution by the number of pay periods left in the year	$\$3,500/26 = \$134.61$
Your per-paycheck contribution	\$134.61

The employee will have a total annual H.S.A. contribution of:

Employer	\$1,500
Cash Acct conversion	\$1750
Bi-weekly deduction	\$134.61 (\$3,499.99)
<b>Total =</b>	<b>\$6,749.99</b>